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From : Barry S. Wilson
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Date : August 1, 2006
Client/Matter No : 068904-0507
User ID No : 3067

MESSAGE:

U.S. Patent Application No: 10/783,950

Following are:

- 1) Request for Continued Examination (RCE) Transmittal (4 pages)
- 2) Credit Card Authorization Payment Form (1 page)

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Cover Page 1 of 1

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AUG 01 2006

Atty. Dkt. No. 068904-0507

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hiatt et al.
Title: IMMUNOGLOBULIN
BINDING PROTEIN
ARRAYS IN EUKARYOTIC
CELLS
Appl. No.: 10/783,950
Appl. Filing Date: 2/19/2004
Examiner: Teresa D. Wessendorf
Art Unit: 1639

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. _____ Marisol Moretto (Printed Name) _____ (Signature) _____ August 1, 2006 (Date of Deposit)

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

a. Previously submitted:

08/02/2006 MBINAS 00000040 10783950

01 FC:2001

395.00 0P

Atty. Dkt. No. 068904-0507

☒ Please enter and consider the Response to Office Action previously filed on July 26, 2006.

☒ Please consider the Affidavit(s)/Declaration(s) previously filed on July 26, 2006.

☐ Please consider the arguments in the Appeal Brief or Reply previously filed on __.

☐ Other __.

b. Enclosed are:

☐ Amendment/Reply.

☐ Affidavit(s)/Declaration(s).

☐ Information Disclosure Statement.

☐ Form PTO-1449 with copies of __ listed reference(s).

☐ Other .

Miscellaneous:

☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of __ months.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee 1.17(e):				\$790.00	= \$790.00
Total Claims:	41	- 41	= 0	x \$50.00	= \$0.00
Independents	2	- 7	= 0	x \$200.00	= \$0.00

Atty. Dkt. No. 068904-0507

 First presentation of any Multiple Dependent Claims: + \$360.00 = \$0.00

 CLAIMS FEE TOTAL: = \$790.00

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/> Extension for response filed within the first month:	\$120.00	1	\$120.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00		\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00		\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00		\$0.00
EXTENSION FEE SUBTOTAL:			\$120.00
EXTENSION FEE ALREADY PAID: -			\$120.00
EXTENSION FEE TOTAL			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$790.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):			\$395.00
<input type="checkbox"/> Suspension of action requested under 37 C.F.R. § 1.103(c)			\$0.00
TOTAL FEE:			\$395.00

A credit card payment form in the amount of \$395.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Atty. Dkt. No. 068904-0507

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 08/01/2006

By Barry S. Wilson

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Barry S. Wilson
Attorney for Applicant
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